

**Water Infrastructure Finance Authority of Arizona (WIFA)**  
**Project Technical Assistance Master Priority List Application**

Page 1 of 3 (Use Separate Application for Each Project)

Application # TA \_ W - \_ \_ \_ - 2004 (WIFA use only)

**SECTION 1: APPLICANT INFORMATION**

- 1.0 Applicant:
- 1.1 Contact:
- 1.2 Address:
- 1.3 Phone #:
- 1.4 FAX #:
- 1.5 E-mail Address:
- 1.6 County in Which Project is Located:
- 1.7 Number of Connections to the System:
- 1.8 Population Served by the System:
- 1.9 Average Monthly User Fees (*base & use*) for an Average Residential User: \$
- 1.10 Total Debt (*Principal Only*) Payable by System Users: \$
- 1.11 Estimated or Actual Median Household Income:
- 1.12 ADEQ System Identification Number:

**SECTION 2: PROPOSED PROJECT TECHNICAL ASSISTANCE**

- 2.0 Project Technical Assistance is for (*check one*):

- ☐ Drinking Water Project
- ☐ Wastewater Project

- 2.1 Is the proposed project for Pre-Design activities, i.e. system evaluation, feasibility study, district formation, etc., or Design activities, i.e. engineering plans and specifications, value engineering, etc. (*check one*):

- ☐ Pre-Design
- ☐ Design

- 2.3 Project Title/Name:

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- 2.4 Attach an additional page, or use the back of Page 3, describing the proposed Technical Assistance Project with the following guidance:

**Clean Water (Wastewater) Projects**

The description must include, but is not limited to:

1. Describe the proposed project and the benefit achieved from the proposed project.
2. Describe the existing facilities, including current conditions initiating the proposed project. Include average daily and peak flows.
3. Detail any Notice of Violation(s) and/or Consent Order from a regulating agency. *(Attach copy)*
4. Does the existing system discharge to surface or groundwater? Give the name of the surface water body discharging to including the name of the wash, tributary or stream segment affected.
5. Will the project generate reclaimed water for direct reuse? If yes, indicate the intended use of the reclaimed water.
6. Does the system have an Aquifer Protection Permit (APP)? National Pollutant Discharge Elimination System (NPDES) Permit? Other Permit? Include permit number and latitude/longitude from permit. *(Attach copy if available)*
7. Give information regarding any previous funding through WIFA.

**Drinking Water Projects**

The description must include, but is not limited to:

1. Describe the proposed project and the benefit achieved from the proposed project.
2. Describe the existing facilities, including current conditions initiating the proposed project.
3. Detail any Notice of Violation(s) and/or Consent Order from a regulating agency. *(Attach copy)*
4. Will the project involve consolidation of existing facilities? If yes, indicate the name and identification number of the systems to be consolidated and the need for the consolidation.
5. Give information regarding any previous funding through WIFA.

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2.5 Which of the following will be used for the proposed project?

☐ Consultant/Contractor selected by WIFA (*at the applicant's request, WIFA will select a consultant/contractor to assist the applicant with the proposed project*)

☐ Consultant/Contractor selected by applicant (*please list*)

**SECTION 3: AMOUNT OF PROJECT TECHNICAL ASSISTANCE**

3.1 Estimated Technical Assistance Costs & Funding Sources

<u>Estimated Technical Assistance Costs</u>	<u>Amount Requested from WIFA</u>	<u>Amount Funded Locally by System</u>	<u>Amount Funded from Other Sources</u>
\$	= \$	+ \$	+ \$

3.2 Technical Assistance Grants must include an applicant's contribution. The contribution can include cash contributions, in-kind contributions, and contributions financed by grants, loans or debt from any source including a loan from WIFA. Indicate the applicant's contribution:

3.3 Estimated Date WIFA Funding Required:

**SECTION 4: CERTIFICATION & APPROVAL**

**4.1 WIFA requires the governing body of the applicant requesting Project Technical Assistance to adopt a resolution acknowledging and authorizing the request for assistance. Attach a copy of the resolution or indicate the scheduled date for adopting the resolution.**

**4.2 *As the Authorized Representative, I certify that the information contained in this application is, to the best of my knowledge, true, accurate, and correct.***

Authorized Representative Name:

Authorized Signature:

Date:

Authorized Representative Title: